

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3463</u>	2. Fiscal Year Covered From: <u>1 / 1 / 04</u> Through: <u>12 / 31 / 04</u>
3. Name and address of person filing. Name <u>Gary L. Chapman</u> P.O. Box, Bldg., Room No., if any Street <u>1831 Hwy AD</u> City <u>Union</u> State <u>Missouri</u> ZIP Code + 4 <u>63084</u>	4. Name, file number, and address of labor organization. Name <u>Laborers Local 110</u> Labor Organization File Number <u>023-844</u> P.O. Box, Building and Room Number, if any Street <u>1100 Lin Valle</u> City <u>St Louis</u> State <u>Missouri</u> ZIP Code + 4 <u>63123</u>
5. Position in labor organization. <u>Recording Secretary and Business Agent.</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. <u>No Activity</u> 7. b. Amount. <u>No Activity</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Gary L. Chapman</u>	On <u>7-5-05</u> Date	<u>6365834508</u> Telephone Number

Name of Person Filing Gary L. Chapman		File Number U- 3463	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Gary Chapman Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1831 Hwy A0 City Union State Missouri ZIP Code + 4 63084		9. Business deals with: a. Labor Organization <input checked="" type="checkbox"/> b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name St Louis Construction Laborers Benefit Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 59th street 2357 City St Louis State Missouri ZIP Code + 4 63110		11.a. Nature of such dealing. Training and Education classes 11.b. Approximate dollar value of such dealing. \$2500.00 12.a. Nature of interest held or income received. Trip Advance & money 12.b. Amount. None	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Missouri Valley Partners Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 135 N. Meramec suite 500 City PO Box 16901 State St Louis MO. ZIP Code + 4 63105		14.a. Nature of payment. A ticket to US Senior open Golf Tournament	
13.b. Is the Business an Employer <input type="radio"/> or Consultant <input checked="" type="radio"/> ?		14.b. Amount of payment. 4500	

Gary Chapman

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any 111

Street _____

City : _____

State _____ ZIP Code + 4 _____

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

No Activity

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name |

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

State ZIP Code + 4

11.a. Nature of such dealing.

N/A

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

N/A

12.b. Amount.

N/A

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Schuchat, Cook & Werner

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 122

Street Forest Street

City St Louis

Address: MISSOURI ZIP Code + 4: 63103

14.a. Nature of payment.

St. Louis Cardinals base ball
tickets (2)

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

54.00